

Disability Case Management Program

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**Occupational Medical Services Team
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Disability Case Management Program

Important Information

This booklet provides general guidance for employees, supervisors, and managers about the County's Disability Case Management Program. It is not intended to change or otherwise modify any law, regulation, procedure, or collective bargaining agreement that may govern the subject matter covered in this document. If there is an inconsistency, the law, regulation, procedure, or collective bargaining agreement will prevail. Please also bear in mind that laws, regulations, procedures, and collective bargaining agreements may be amended at any time.

Please consult appropriate references, such as Sections 33-34 through 33-61H of the County Code (Employees' Retirement System Law) or Sections 33-113 through 33-127 of the County Code (Retirement Savings Plan); *Personnel Regulations*; collective bargaining agreements; and Administrative Procedures 3-1, *Reporting and Record-keeping of Injuries*, and 4-17, *Sick Leave Donor Program*.

General Information

Q. What is the Disability Case Management Program?

A. The County's Disability Case Management Program coordinates assistance to employees with disabilities who need help to maintain or resume productive employment. It's administered by the Office of Human Resources' (OHR's) Occupational Medical Services Team (OMS). Using a team approach, the program facilitates reasonable accommodation and alternative placement and limited or light duty; provides supervisory training and consultation; and ensures compliance with legal mandates, while balancing the interests of disabled employees with management needs.

Q. Whom does it serve?

A. The program serves employees with any type of mental or physical impairment that prevents them from working full duty and who may need reasonable accommodation, temporary light duty, or alternative placement in order to maintain employment or return to full duty work.

Q. What are the objectives of the Disability Case Management Program?

A. The objectives are:

- ❑ Early intervention for employees with extended absences or extended light duty to identify the need for assessment, counseling, and follow-up.
- ❑ Maintaining productive employment by attempting reasonable accommodation in the regular job or alternative placement in another job (when alternative placement is feasible).
- ❑ Facilitating return to work as quickly as therapeutically possible by coordinating medical assessments to determine job readiness.
- ❑ Facilitating transitional work through work hardening/job simulation, temporary light duty, or other reasonable accommodation for an employee who is not medically ready for full duty.
- ❑ Providing counseling about appropriate use of benefits, such as sick leave donations, the disability retirement application; or counseling on the use of long-term-disability (LTD) for an employee who needs an extended recovery period or is permanently unable to work for valid medical reasons.
- ❑ Removing attitudinal barriers to the employment of disabled employees, ensuring fairness and consistency in personnel management, and ensuring compliance with legal mandates through training of supervisors and supervisor consultation.

Q. What services are provided by the program?

A. Services include:

- ❑ Disability case tracking and coordination of sick leave, light duty, and disability retirement;
- ❑ Reasonable accommodation recommendations;
- ❑ Alternative placement counseling;
- ❑ Special fitness-for-duty evaluations;
- ❑ Return-to-work examinations;
- ❑ Temporary light duty program;
- ❑ Sick leave donor program;
- ❑ Disability Review Panel support;
- ❑ Supervisor consultation and training; and
- ❑ Case review meetings.

Q. Who is involved in disability case management?

A. Participants include you (the employee), your supervisor, your personal health care provider, your department, OHR's OMS and Benefits Teams, and the Finance Department's Risk Management Division. The OMS Disability Program Manager provides coordination and assistance to all participants in the process. (See chart on page 4).

Q. How does the Disability Case Management Program assist me if I'm injured or ill?

A. The program assists you by coordinating the entire process from injury to resolution – that is, from the time the injury or disability is made known until implementation of the appropriate outcome or resolution. This process may involve up to five stages and may extend for more than six months. Some possible steps include the following:

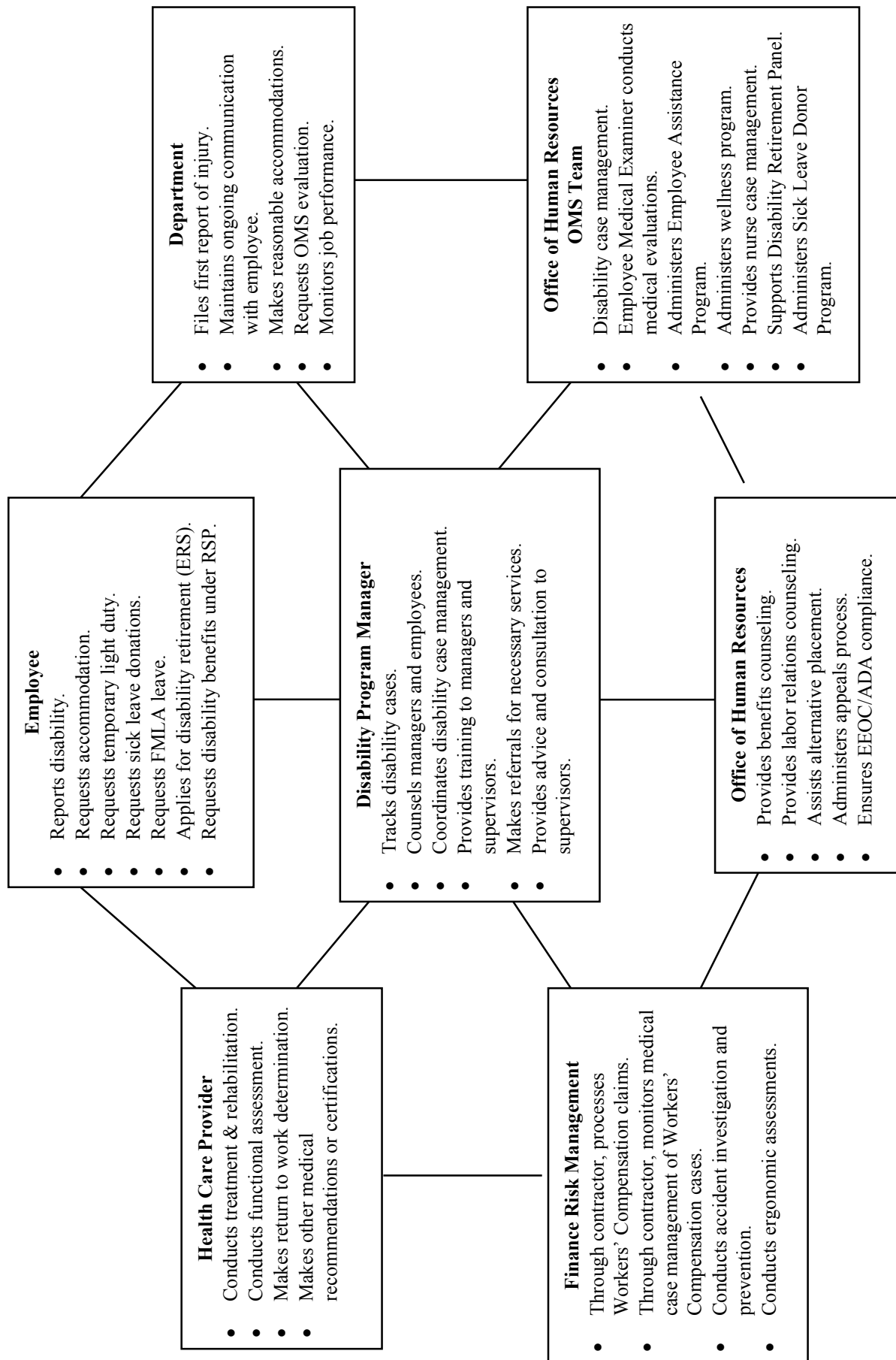
- ❑ Step 1 – Report of injury or illness
- ❑ Step 2 – Early recovery stage
- ❑ Step 3 – Coordinating return to full duty
- ❑ Step 4 – Return to full duty delayed
- ❑ Step 5 – Resolution

Q. What is the process?

A. The process will vary depending on the situation. In general, however, if you have an illness or injury requiring an absence from work, or if you need assistance to remain at work because of an illness or injury, you should report to your supervisor the need for leave or reasonable accommodation. Leave requests must be approved by your supervisor, who will initiate appropriate actions for work-related injuries (Workers' Compensation claims).

When you've been injured or ill, at some time in the process you may be referred to OMS for an evaluation or to the Employee Assistance Program (EAP). More than one evaluation may be required. See page 6 for information on evaluations.

Disability Case Management Program Roles and Responsibilities



Q. What are the possible outcomes of having an injury or illness?

A. Obviously, the most favorable outcome is your successful recovery and return to your job with no restrictions or accommodations.

Other possible outcome options include temporary light duty, reasonable accommodation in your current job, alternative placement in another job (when and where feasible), retirement, or termination of employment. You may experience more than one of these options, depending on the circumstances. For example, you may be placed on light duty before one of the more permanent options is considered. Each of these outcome options is discussed in more detail beginning on page 9.

Q. Who can I call for assistance if I'm injured or ill?

A. You or your supervisor may request assistance with disability case management at any time during the reporting, recovery, or return to work process.

- ❑ For questions about the Americans With Disabilities Act (ADA), reasonable accommodation, training, or assistance with disability case management, call the Disability Program Manager, 240-777-5118.
- ❑ For questions about fitness for duty, temporary light duty, or return to work, call the OMS Nurse Case Managers, 240-777-5118.

- ❑ For questions about disability retirement or for benefits counseling, call the OHR Benefits and Records Management Team at 240-777-5000.
- ❑ To report a job-related injury, call the Medical Care Coordinator at 1-800-318-6668.
- ❑ For questions about Workers' Compensation, call Risk Management at 240-777-8920.

Evaluations

Fitness-for-duty

Q. What is a fitness-for-duty evaluation?

A. It's an in-depth medical evaluation of an employee who may have a physical or mental condition affecting ability to do the job. The evaluation is conducted by the County's Employee Medical Examiner (OMS Team).

Q. Who requests a fitness for duty evaluation?

A. The evaluation may be requested by your immediate supervisor (with approval of a higher-level department manager or department director) or the Disability Program Manager. A written request for the evaluation, stating the reason for the request, is sent to the Employee Medical Examiner, with a copy to you.

Q. What's the purpose of the evaluation?

A. The purposes are:

- ❑ To provide a medical determination regarding:
 - ❑ your current fitness for full duty;
 - ❑ the nature of work restrictions required, if any;
 - ❑ whether restrictions are short-term or long-term;
 - ❑ job accommodations required, if any;
 - ❑ treatment, rehabilitation, and follow up; and
- ❑ To recommend consideration of alternative placement or the filing of an application for disability retirement if return to full duty is not expected (with or without an accommodation).

Q. When should a fitness-for-duty evaluation be requested?

A. It should be requested whenever any of the following conditions exist:

- ❑ When your medical or emotional condition may be seriously affecting your work performance. Examples:
 - ❑ work attendance;
 - ❑ work attitude;
 - ❑ work behavior.
- ❑ When there are job-related indications that you may be incapable of performing the full range of job duties;

- ❑ When job-related behavior poses a direct threat to your health or safety or the health or safety of others;
- ❑ When job restrictions or accommodations need clarification.

Q. Whom should I call if I have a question about fitness-for-duty evaluations?

A. Call the OMS Nurse Case Managers at 240-777-5118.

Q. How is the fitness-for-duty evaluation conducted?

A. The Employee Medical Examiner will interview you at the OMS office, located at 401 Fleet Street, Room 100. You may present x-rays, medical reports, and other pertinent information at this time, and the Employee Medical Examiner may request additional information, such as:

- ❑ A confidential report from your treating health care provider;
- ❑ Evaluation by an independent specialist or the Employee Assistance Program (EAP);
- ❑ Physical examination and/or medical testing; or
- ❑ Ergonomic or other environmental assessment.

When the evaluation is completed, the Employee Medical Examiner will prepare and send a written recommendation to your department director, with a copy to you.

Q. How long does it take to complete the evaluation?

A. The evaluation is usually completed within 6 weeks.

Appointments are normally offered within one week of the request. The Employee Medical Examiner's interview usually lasts between 30 and 60 minutes, and a preliminary recommendation regarding current duty status can be made at that time, if needed.

Reports from independent specialists and treating physicians are usually received by OMS within two to three weeks. The Employee Medical Examiner usually prepares a final recommendation within one week of receiving all reports.

Q. What about the confidentiality of medical information?

A. You must give written consent for OMS, independent medical specialists, and EAP to receive or release confidential medical reports. OMS **does not** release medical reports or confidential medical information to your department. The written recommendation to the department focuses on job-related issues and does not reveal confidential medical information.

Q. Do I have to pay anything for this evaluation?

A. There's no cost to you for services provided by OMS or for any independent medical evaluations scheduled by OMS.

You **are** responsible for any costs associated with providing a report from your personal physician.

Q. What happens if I don't cooperate with the evaluation?

A. Failure to cooperate may preclude the Employee Medical Examiner from determining your fitness for duty. In that case, your work status (i. e., fitness for duty, return to work, and reasonable accommodation) remain undetermined. Therefore, refusal to participate in a job-related medical evaluation, or to provide medical records as part of that evaluation, may result in appropriate administrative action, including termination. A refusal to take a medical examination may also result in disciplinary action.

Return to Work

Q. What is a return-to-work exam?

A. Before you may return to work with restrictions, you must have a "return to work" authorization form completed by your personal physician or Workers' Compensation physician.

Q. What's the purpose of the return-to-work exam?

A. Its purpose is to certify that you are physically and emotionally ready to perform your assigned job duties with or without an accommodation.

Q. When is a return-to-work exam necessary?

A. A return-to-work exam is necessary:

- ❑ At the beginning of substance abuse rehabilitation following a confirmed positive drug/alcohol screen;
- ❑ If observations by your supervisor and consultation with OMS conclude that return to full duty may pose a significant risk to your health and safety or that of others;
- ❑ As required by departmental policies or occupational health regulations; or
- ❑ When your doctor has released you for duty.

Q. How is the return-to-work exam conducted?

A. Your health care provider must complete the Employee Medical Return-to-Work Report before your return to work. You should give this form, which authorizes return to full duty or medical or job restrictions, to your supervisor.

Q. What happens if I don't cooperate with the return-to-work policy?

A. Refusal to participate in a job-related medical evaluation or to provide medical records as part of that evaluation may result in appropriate administrative or disciplinary action.

Ergonomic Evaluation

Q. What is an ergonomic evaluation?

A. It's an evaluation of the work place by trained staff of the Finance Department's Risk Management Division to assess whether changes should be made to prevent employee injuries, re-injury or illness.

Independent Medical Examination (IME)

Q. What is an IME?

A. An IME is an outside or second opinion from a doctor who is not your personal physician or the County's Employee Medical Examiner. The goal of an IME is to assess your ability to return to work or continue working in a specific job. Medical input is used to help develop a plan for your continued work, with or without an accommodation, for an alternative job placement, or retirement, based on your medical prognosis.

Employee Assistance Program (EAP) Evaluation

Q. What is an EAP evaluation?

A. It is free, confidential, counseling and assessment by professional clinicians. It is available to individuals who may be experiencing stress, marital or parenting problems, substance abuse, and/or emotional problems that may be affecting, or have the

potential to affect, work performance. This resource also offers counseling assistance to employees' family members and consultation for supervisors concerning work supervision problems.

Evaluation by Personal Health Care Provider

Q. What is an evaluation by my personal health care provider?

A. Like the IME, it's an assessment of your ability to return to work or to continue working in a specific job. Medical input from your personal health care provider may be used to help develop a plan for your continued work, with or without an accommodation, for an alternative job placement, or retirement, based on your medical prognosis.

Outcome Options

Light duty__

Q. Does the County have a "light duty" policy?

A. The County has entered into an agreement with the Municipal and County Government Employees Organization, (MCGEO), UFCW Local 1994 to provide transitional work for an employee who cannot perform regular duties because of a temporary medical condition. This

transitional work is referred to as "light duty."

Note: The Departments of Police and Fire/Rescue Services have separate programs and procedures for employees needing assistance to remain on the job. Please consult appropriate collective bargaining agreements and departmental procedures for information on these programs.

The following questions and answers about "light duty" refer to the County's agreement with MCGEO.

Q. What is light duty?

A. Light duty is a temporary assignment of alternative work for which you're qualified and able to perform when you're temporarily unable to perform your regular duties due to medical reasons. This assignment may be within your department or in another department.

Q. Who is eligible for light duty?

A. Any employee in the MCGEO Service, Labor and Trades Bargaining Unit (SLT) or the Office, Professional, and Technical Bargaining Unit (OPT) may request medical light duty. **Medical eligibility to work light duty is determined by the County's Employee Medical Examiner.**

Q. Who may request a light duty examination by the Employee Medical Examiner?

A. You or your supervisor may schedule a light duty examination by calling OMS at 240-777-5118.

Q. How is the light duty exam conducted?

A. The Employee Medical Examiner conducts the light duty examination. You may bring documentation from your treating physician concerning your condition. The Employee Medical Examiner or nurse practitioner will review the treating physician's report, interview you, and conduct the examination.

The Employee Medical Examiner will then complete a Health Status Report indicating your ability to resume full duty or approving light duty. For light duty, appropriate restrictions and the length of time such restrictions should apply will be identified in the report. A copy of the Health Status Report is given to you, and you should give a copy to your department immediately. If light duty is approved, you'll be given a light duty request application.

Q. What is the light duty request application?

A. This form is used to request temporary light duty assignments from your department. It's available from OMS, from MCGEO/UFCW Local 1994 offices, or your department's disability management

coordinator. The form must be completed and given to your supervisor immediately after OMS approval of light duty. *You must also send a copy to the Disability Program Manager, 401 Fleet Street, Room 100.*

Q. What happens if my department can't provide a light duty assignment for me?

A. If departmental efforts to accommodate you with a light duty assignment are unsuccessful, your department must call the Disability Program Manager at 240-777-5118, within five working days of receiving the Health Status Report and refer your case to the Light Duty Review Committee. This committee, composed of employees representing the Union and management, will identify and recommend appropriate light duty assignments in other departments, where available. You'll be placed in a light-duty assignment within 10 working days, if one is available.

Q. How long does light duty last?

A. Light duty assignments are contingent upon medical restrictions. Assignments are medically determined and may not exceed six months' duration without written approval of the CAO or designee. *A request for an extension of light duty must be sent to the Chief Administrative Officer, via the Disability Program Manager.*

Q. Do I need clearance or approval to resume full duty in my regular job?

A. Yes. At the end of the specified period of light duty, you'll need to schedule a return-to-work exam with the Employee Medical Examiner for clearance to return to full duty. (See page 9.)

Reasonable Accommodation

Q. What is reasonable accommodation?

A. The ADA defines reasonable accommodation as any modification or adjustment relating to employment, including:

- ❑ The job application process (Example: An employment application must be provided in Braille for a blind applicant);
- ❑ The work environment or the manner in which the work of the job is customarily performed (Example: Raise a desk to accommodate a wheelchair user);
- ❑ Equal benefits and privileges of employment (Example: Having a holiday party at a wheelchair-accessible restaurant if an employee in the office uses a wheelchair).

Q. Where does the term "reasonable accommodation" come from?

A. The Americans with Disabilities Act of 1990 (ADA) requires all employers to provide "reasonable accommodation" to

qualified individuals with disabilities if that accommodation will allow the person to perform the essential functions of the job.

Q. Who is a qualified individual with a disability?

A. ADA defines a qualified individual with a disability as one who satisfies the skill, experience, education, and other job-related requirements of the job that person holds or desires, and who, with or without reasonable accommodation, **can perform the essential functions of that job.**

Q. What are the "essential functions" of a job?

A. The essential functions of a job can be described as the primary duties and responsibilities -- those that are fundamental, basic, or necessary to the job. In contrast, non-essential functions can be described as incidental or peripheral to the purpose of the job.

Q. What are some other examples of reasonable accommodation?

A. Other examples are:

- ❑ Job restructuring (exchanging non-essential job duties with a co-worker for responsibilities the disabled employee can perform);
- ❑ Part-time employment, modified work schedules, flexible work hours;
- ❑ Temporary light duty;

- ❑ Alternative placement or reassignment to a vacant position;
- ❑ Purchase of assistive devices (e.g., ergonomic chair for an employee with a back impairment);
- ❑ Interpreters for the deaf; and
- ❑ Readers for the blind.

Q. What are the performance standards for a disabled employee?

A. An employee with a disability is subject to the same job and behavioral performance standards as all other employees.

Q. How much do accommodations generally cost?

A. The cost of any accommodation is dependent on the nature of the disability being accommodated. Based on information from the Job Accommodation Network (a technical assistance accommodation organization):

- ❑ 31% of accommodations cost nothing.
- ❑ 19% of accommodations cost between \$1-\$50.
- ❑ 19% of accommodations cost between \$50-\$500.
- ❑ 19% of accommodations cost between \$500-\$5,000.

Alternative Placement

Q. What is alternative placement?

A. Alternative placement is reassignment to another, vacant, position, and is a form of reasonable accommodation. If you're totally unable to perform your current job duties due to a medical condition and no other accommodations are feasible, the OMS Disability Program Manager will work with you in an attempt to secure alternative placement/ reassignment to another position within your department or in another County department. You must be qualified for any vacant position that you're interested in, and the new position must be at the same or lower grade than the position you currently occupy.

Retirement -- Employees' Retirement System

Q. If I'm disabled, can I retire?

A. If you become permanently disabled, cannot perform the duties of your assigned position, and if your disability is likely to be permanent, you may be eligible for a disability retirement benefit if you're a member of the Employees' Retirement System of Montgomery County (ERS).
Note: Please consult Section 33-43 of the Montgomery County Code (ERS Retirement Law) for more detailed information.

Q. Who is eligible for disability retirement?

A. In general, to be eligible for a *non-service-connected disability retirement* benefit, you must participate in the ERS, have at least five years of credited service in the ERS, and your disabling condition may not be pre-existing or due to willful negligence.

To be eligible for a *service-connected disability retirement*, no minimum amount of credited service is required. The disabling condition must be the result of an accident occurring or occupational disease incurred, or a preexisting condition aggravated, while in the actual performance of duty.

Note: Employees participating in the County's Retirement Savings Plan are not eligible for this benefit. However, RSP participants are eligible for a long-term disability benefit. Call OHR's Benefits and Records Management Team at 240-777-5000 for information.

Q. How do I apply for a disability retirement?

A. To apply, contact the Benefits and Records Management Team in OHR at 240-777-5000 and schedule an appointment for a benefits counseling session.

*Note: Under provisions of the Retirement Law, a department may initiate an administrative disability retirement by submitting a written request to the OHR Director. The benefit is **not** affected by who initiates the application.*

Q. What is the process for determining whether the disability retirement will be granted?

A. For members of MCGEO/UFCW Local 1994, members of MCCFFA/IAFF Local 1664, and unrepresented employees, a Disability Review Panel of three physicians reviews all medical reports and job information that is submitted. The Panel may require additional information or an independent medical examination (IME). The Panel makes a recommendation to the Chief Administrative Officer (CAO) based upon the medical facts of record, job information, and disability retirement criteria stated in the Retirement Law. The CAO reviews the Panel's recommendation and makes a final decision.

Note: At this time, a different procedure is used for members of the Police Bargaining Unit.

Q. How long does it take to receive a decision?

A. In general, a decision is made within 110 days of your submission of a retirement application.

The Disability Review Panel is required to meet no later than 60 calendar days from the date of submission of the retirement application. The Panel is required to submit a written report of findings and recommendations to the CAO within 30 days of their meeting unless additional medical information is necessary.

The CAO should render a decision within 20 days of receiving the panel's

recommendation. However, the total time of 110 days from the date of application may be extended if the Panel requires additional information or an IME.

Q. How will I be notified of a decision?

A. A member of OHR's Benefits and Records Management Team will notify you in writing by registered mail immediately after the CAO makes a final decision and will advise you of any appeal rights. OHR will also notify your department, Payroll, Risk Management, and your attorney (if you have one) of the CAO's decision.

Q. What is the role of the OMS Team in this process?

A. OMS collects records for the Disability Review Panel, schedules Disability Review Panel meetings and IMEs as necessary, and supports and monitors the disability retirement process. You may call OMS at 240-777-5118 to verify their receipt of records and reports from your health care provider two weeks after submitting your retirement application.

Q. If my disability retirement is approved, is that all there is to the process?

A. If your disability retirement under the ERS is approved, OHR's Benefits and Records Management Team will process the documentation to start your benefits. However, as a disability retiree, you'll be

subject to periodic medical reviews and maximum earnings reviews as provided by the Retirement Law. Continuation of your benefits will depend upon the results of these reviews.

Termination

Q. Can I be terminated if I can't work?

A. If you're unable to perform your job, if no alternative placement or reasonable accommodation can be arranged, and if you're not eligible for disability retirement under the ERS, your employment with the County may be terminated, in accordance with conditions established by the *Personnel Regulations* and collective bargaining agreements.

For More Information

- ❑ For questions about the Americans With Disabilities Act (ADA), reasonable accommodation, training, or assistance with disability management, call the Disability Program Manager at 240-777-5118.
- ❑ For questions about fitness for duty, temporary light duty, or return to work, call the OMS Nurse Case Managers at 240-777-5118.
- ❑ For questions about disability retirement, LTD, or for benefits counseling, call the OHR Benefits and Records Management Team at 240-777-5000.

- ❑ For questions about Workers' Compensation, call Risk Management at 240-777-8920.
- ❑ For questions about leave, including leave without pay or FMLA leave, call OHR's Labor/Employee Relations Team at 240-777-5114.
- ❑ For forms or additional information about processing disability retirement applications, call the Benefits and Records Management Team at 240-777-5000 or OMS at 240-777-5118.
- ❑ To report a job-related injury, call the Medical Care Coordinator at 1-800-318-6668.

Note: This information can be made available in an alternate format, if necessary. Please contact the OMS Team at 240-777-5118.